

Image

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 4.14.04

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

ROBERT S. KIEVAL et al.

Application No.: 09/963,777

Filed: September 26, 2001

For: ELECTRODE DESIGNS AND  
METHODS OF USE FOR  
CARDIOVASCULAR REFLEX  
CONTROL DEVICES

Confirmation No. 1758

Examiner: Oropeza, Frances P.

T.C./Art Unit: 3762

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the  
following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 2 of this paper.

**Remarks** begin on page 9 of this paper.

# TRANSMITTAL FORM


(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/963,777
		Filing Date	September 26, 2001
		First Named Inventor	KIEVAL, ROBERT S.
		Art Unit	3762
		Examiner Name	Orpeza, Frances P.
Total Number of Pages in This Submission	10	Attorney Docket Number	021433-000120US

**ENCLOSURES (Check all that apply)**

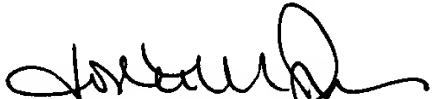
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Preliminary Amendment (7 pages) (Return Postcard)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP	
	Scott M. Smith	Reg. No. 48,268
Signature		
Date	April 14, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Jodie M. Rivas		
Signature		Date	April 14, 2004